


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90221 046 ***150.00

DOCUMENT # P94000086588 1. Entity Name TORPEDO, INC.					
Principal Place of Business 1334 SPALDING ROAD A DUNEDIN, FL 34698			Mailing Address 1334 SPALDING ROAD A DUNEDIN, FL 34698		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3280706				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHO-CHUNG-HING, ALFRED 1334 SPALDING ROAD #A DUNEDIN, FL 34698			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
CITY - ST - ZIP	<input type="checkbox"/> Delete		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
CITY - ST - ZIP	<input type="checkbox"/> Delete		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
CITY - ST - ZIP	<input type="checkbox"/> Delete		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
CITY - ST - ZIP	<input type="checkbox"/> Delete		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
CITY - ST - ZIP	<input type="checkbox"/> Delete		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <i>Alfred Chung-Hing</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>4/24/06</i> Daytime Phone #: <i>727 733 2218</i>		

ALFRED CHO-CHUNG-HING



ATTACHMENT
20036079
Division of Corporations

Annual Report

Annual Report Help

Document Number

P94000086588

Business Entity Name

TORPEDO, INC.

FBI Number

593280706

FBI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

Principal Place of Business

Address **1334 SPALDING ROAD**
Suite, Apt. #, etc. **A**
City, State **DUNEDIN**, **FL**
Zip Code & Country **34698**

Mailing Address

Address **1334 SPALDING ROAD**
Suite, Apt. #, etc. **A**
City, State **DUNEDIN**, **FL**
Zip Code & Country **34698**

Name and Address of Registered Agent

Name (Last, First, Middle, Title) **CHO-CHUNG-HING, ALFRED**

- OR -

Business to serve as RA

Address (PO Box is not acceptable) **1334 SPALDING ROAD #A**
Suite, Apt. #, etc.
City, State **DUNEDIN**, **FL**
Zip Code & Country **34698** **US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You

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<https://efile.sunbiz.org/scripts/ubr001.exe>

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will need to download an annual report and list the additional officers/directors,
title(s), name, and address on an attachment.

Title P
Name (Last, First, Middle, Title) CHO-CHUNG-HING, ALFRED

- OR -

Entity Name to serve as
Officer/Director

Street Address 1334 SPALDING ROAD #A
City, State DUNEDIN, FL
Zip Code & Country 34698

Title V
Name (Last, First, Middle, Title) PORTER, PAUL

- OR -

Entity Name to serve as
Officer/Director

Street Address 7277 COUNTY RD 94
City, State LAFAYETTE, AL
Zip Code & Country

Title
Name (Last, First, Middle, Title) , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State ,
Zip Code & Country

Title
Name (Last, First, Middle, Title) , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State ,
Zip Code & Country

Title
Name (Last, First, Middle, Title) , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State ,

ATTACHMENT

<https://efile.sunbiz.org/scripts/ubr001.exe>

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

20034079
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An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

resident

Officer/Director Signature

Alfred Cho-Chung-hing

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.



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